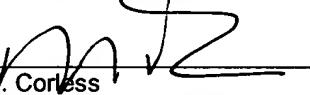




<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 50184(70329)
Application No.	Filing Date	Examiner	Art Unit	
08/726,613-Conf. #9323	October 7, 1996	J. S. Y. Chu	1752	
Applicant(s): James M. Mori et al.				
Invention: ANTI/HEMA POLYMER DYE				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	- 20 =		x	
Independent Claims	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within fifth month; Request for continued examination (RCE) (see 37 CFR 1.114)				2,950.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 2,950.00				
<p><input checked="" type="checkbox"/> Large Entity      <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 2,950.00 . A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>				
 Dated: May 21, 2005				
Peter F. Corless Attorney Reg. No.: 33,860				
EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV654381414US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.				
Dated: May 21, 2005      Signature:  (Peter F. Corless)				



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	2,950.00
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**Complete if Known**

Application Number	08/726,613-Conf. #9323
Filing Date	October 7, 1996
First Named Inventor	James M. Mori
Examiner Name	J. S. Y. Chu
Art Unit	1752
Attorney Docket No.	50184(70329)

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: Edwards & Angell, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>
50
200
360

25

Each independent claim over 3 (including Reissues)

100

Multiple dependent claims

180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 =	_____ x	_____ =	_____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____
_____ - 3 =	_____ x	_____ =	_____	_____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 =	_____ /50	(round up to a whole number) x	_____ =	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1255 Extension for response within fifth month    2,160.00  
1801 Request for continued examination (RCE) (see 37 ...    790.00)**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,860	Telephone	(617) 439-4444
Name (Print/Type)	Peter F. Corless			Date	May 21, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV654381414US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 21, 2005

Signature: (Peter F. Corless)



Express Mail Label No. EV654381414US  
Docket No. 50184

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Mori et al.  
Serial No. 08/876,613 Examiner: J. Chu  
Filed: October 7, 1996 Art Unit: 1752  
For: DYED PHOTORESISTS AND METHODS AND ARTICLES OF  
MANUFACTURE COMPRISING SAME

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Applicants file a Request for Continued Examination (RCE) herewith. Please amend the above-identified application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 16 of this paper.